

CLASS IS LIMITED TO 30 STUDENTS

Receipt # _____

**TROY RECREATION DEPARTMENT'S
2005
MUSICAL THEATER
SESSION II**

Name _____ Male/Female _____

Address _____ Phone _____
(street) (city) (zip)

E-Mail Address _____

Grade _____ Age _____ School _____

Allergic to any medication? _____

Doctor's Name _____ Phone _____

Emergency Call _____ Phone _____
(neighbor or relative)

_____ **SESSION IIA (TALL TALES)**

**COMPLETED GRADES 1-5
JUNE 20-24, MON.-FRI.
JUNE 27-28, MON.-TUES.
9:00 A.M.-12:00 NOON**

**FINAL PERFORMANCES:
WEDNESDAY, JUNE 29, 2005
10:00 A.M. & 6:30 P.M.**

**REGISTRATION FEE: _____ \$23.00 First Child
_____ \$20.00 Additional Children**

_____ **SESSION IIB (PIRATES OF PENZANCE)**

**COMPLETED GRADES 5-12
JUNE 17, FRI. (PACK A LUNCH)
9:00 A.M.-4:00 P.M.
JUNE 20-24, MON.-FRI.
JUNE 27-29, MON.-WED.
1:00 P.M.-4:00 P.M.
JUNE 30, THURS.
9:00 A.M.-4:00 P.M.**

**FINAL PERFORMANCES:
THURSDAY, JULY 1, 2005
2:00 P.M. & 6:30 P.M.**

REGISTRATION FEE: _____ \$29.00

WAIVER AND RELEASE

We, the undersigned being fully aware of the danger inherent to the Musical Theater program, do give permission for our son/daughter to participate in the above program. We are aware and fully understand that occasionally participants in the above program are taken on field trips. When these are scheduled, it requires the participants to leave the regular site of instruction; also, they may be scheduled at hours other than the normal instructional hours of the program. We agree, and give permission for our child to receive transportation to another scheduled site, with a licensed driver, in that person's automobile. We do hereby expressly waive any and all claims and rights of whatever nature, which may arise against the City of Troy, Troy Recreation Department, Program Instructor, Troy Recreation Director, driver of automobile, or their agents or servants, as a result of injuries incurred by our child while participating in the above program, in which the child is registered, or while riding in an automobile to attend field trip site.

Date _____

Signature _____
(parent or legal guardian)

REFUND POLICY: Department will make program refunds for the following:

4. If the program is cancelled by the department.
5. If the registered participant moves out of town before the programs starts.
6. If the registered participant becomes ill before the program starts and furnishes a Doctor's statement.